										A					
PATENT APPLICATION FEE DETERMINATION RECO										Application or Docket Number 19/896, 197					
Effective October 1, 2000									all sees						
CLAIMS AS FILED - PART! SMALL ENTITY OTHER THAN															
h	OTAL CLAIMS	3	(Colum	n 1)	(Column 2)				TYPE		OF				
FOR				13					RATE FEE]	RATE	FEE		
TOTAL CHARGEABLE CLAIMS			MUMBE	MUMBER FLED		AMBER EXTRA		Ľ	ASIC FE	255.00	OF	BASIC FE	710.00		
II⊢		/3 minus 20=		•	0		L	X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			2 minus 3 =		Ø .		Γ	X40=		OR	X80=				
Ľ	ULTIPLE VEPE	NUENI CLAIM F					r	+135=		1					
" If the difference in column 1 is less than zero, enter "0" in column 2							_	L	TOTAL	 -	JOR				
CLAIMS AS AMENDED - PART II									IUIAL	<u> </u>	TOB		110		
_	(Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL			
AMENDMENTA		REMAINING AFTER AMENDMENT		NUME	ER	PRESENT		Γ	RATE	ADDI-	7	RATE	ADDI-		
				PREVIO PAID F		ENTRA		L		TIONAL FEE	-		TIONAL FEE		
2	Total	.00	Minus	-2	0_		╁		X\$ 9=		OR	X\$18=			
¥	Independent	. 3	Minus	<u> </u>	<u> </u>	0	1	T	X40=			X80=			
<u> </u>	Trinsi Prisse	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		J		100		OR				
								Ľ	135=		OR	+270=			
_	5/21/00	(Column 1)		(Colum	- 2\	(Caluma 6		AD	DIT. FEE		OR	ADDIT. FEE			
B		CLAIMS REMAINING		HIGHE	ST	(Column 3	1	<u>r</u>	,	ADDI-	1				
AMENDMENT		AFTER AMENDMENT		PREVIOU	USLY	PRESENT EXTRA		,	RATE	TIONAL		RATE	ADDI- TIONAL		
	Total	• 19	Minus	- 2	_		1	H	(2.0	FEE			FEE		
	Independent	• 3	Minus	# (E		=	1	\vdash	(\$ 9=		OR	X\$18=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (MIAL		1	_^	(40=)		OR	X80=			
									135=	1	OR	+2700			
0	•							ADD	TOTAL IT, FEE		OR ,	TOTAL DOT FEE			
<u>٠</u>	-27-05 (Column 1) (Column 2) (Column 3) CLAUS HIGHEST														
J L		REMAINING AFTER		NUMBE	8	PRESENT]	ADDI-	ſ		ADDI-		
É		AMENDMENT	\$ 10 mm	PAID FO		EXTRA	11	н	ATE	TIONAL FEE		RATE	TIONAL FEE		
			Mirrico		2	= /	П	X	\$ 9=		OR	X\$18=			
7 F	Independent FIRST PRECEN		Minus DEO	··· \3		= /	Į t	×	40=		T	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR				
• H	* If this entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Righest Number Previously Paid For" NY THIS SPACE is tess than 20, enter "20."								350		OR	+270=			
	the Trighest Num	ber Previously Pai	d For His This	SPACE IS II	se than	20, enter '20.	_	DOI	T. FEE		A RC	TOTAL DDIT, FEE			
•	- ropestation	ar Previously Paid	ref (Total or	independent i	is the i	ederum tserligh	w four	nd in	gas ethbu	apriets box	in cotu	nn 1.			
OPM:	710-475														